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AMEN		Docket No. GNN-004ADV					
Application No. 10/002775-Conf. #6215		Filing Date November 2, 2001		Examiner I. I. Ouspens		Art Unit 1644	_
Applicant(s): Gor	rdon J. FREEM	IAN et al.					
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	the amount of \$			the filing fee is encl	losed.		
Payment by	credit card. Fo	orm PTO-2038	8 is attached.				
X The Director		horized to char	rge and credit	t Deposit Account No	o. <u>12</u>	2-0080	
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			on processing	fees required under 3	37 CFR 1.1	16 and 1.17.	
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Jill A. Mello, Ph Attorney Reg. N	h.D. No.: 55,450				<u>,</u>	<u>0, =</u>	-
LAHIVE & COC 28 State Street							
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I hereby certify that this in an envelope address below.	is correspondence is seed to: MS AF, Cor	s being deposited v mmissioner for Pat	with the U.S. Posta	al Service as Express Mail, 150, Alexandria, VA 22313	J, Airbill No. E J-1450, on the	:L 913977077 US ∋ date shown	3,
Dated: August 29, 200) 5	Signature:	<u> </u>	JUV (Jill &	A. Mello, Ph.D) .)	

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/002775-Conf. #6215 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** FEE TRANSMITTAL November 2, 2001 Filing Date Gordon J. FREEMAN First Named Inventor For FY 2005 **Examiner Name** I. I. Ouspenski Applicant claims small entity status. See 37 CFR 1.27 1644 Art Unit TOTAL AMOUNT OF PAYMENT GNN-004ADV (\$) 450.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Lahive & Cockfield, LLP X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 100 50 130 65 Design 100 Plant 200 100 300 150 160 80 600 300 500 250 300 Reissue 150 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 7 __ -7= _ 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Total Sheets Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 SUBMITTED BY Registration No. 55,450 Telephone (617) 227-7400 Jill A. Mello, Ph.D. Date Name (Print/Type) August 29, 2005

I hereby certify that this correspondence	is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL ommissioner for Ratents, P.O.,Box 1450, Alexandria, VA 22313-1450, on the	913977077 US,
below.	Signature: (Jill A Mello Ph D	uate snown
Dated: August 29, 2005	Signature:(Jill A. Mello, Ph.D.))